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UTILITY	Atty Doc. No. _____ Total Page <u>13</u>
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
TRANSMITTAL	Hans SACHSE
	Express Mail Label No _____

Application Elements

Address To: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. / X / Fee transmittal Form
(Submit an original, and a duplicate for fee processing)
2. / X / Specification Total Pages / /
(Preferred arrangement set for below)

Descriptive title of the Invention

Cross References to Related Application

Statement Regarding Fed. Sponsored R & D

Reference to Microfiche Appendix

Background of the Invention

Brief Summary of the Invention

Brief Description of the Drawings (if filed)

Detailed Description

Claim(s)

Abstract of the Disclosure

3. / X / Drawing(s)(35 USC 113)(Figs.) Total Sheets / 3 /

4. / X / Oath or Declaration Total Pages/ 2 /

a. / X / Newly executed (original or copy)

b. / / Copy from a prior application (37 CFR 1.63(d)
(For Continuation/Divisional with Box 17 completed)
Note Box 5 below

i. / / DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application
see 37 CFR 1.63(d)(2) and 1.33(b).

5. / / Incorporation by reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4b
is considered as being part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.

6. / / Microfiche Computer Program (Appendix)

7. / / Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. / / Computer Readable Copy

b. / / Paper Copy (Identical to computer copy)

c. / / Statement verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

8. / / Assignment Papers (cover sheet & document(s))

9. / / 37 CFR 3 73(b)Statement / / Power of Attorney

10. / / English Translation Document (if applicable)

11. / X / Information Disclosure / X / Copies of IDS Citations

12. / / Preliminary Amendment

13. / X / Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)
14. / X / Small Entity / / Statement filed in prior application
Statements Status still proper and desired

15. / / Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. / / Other _____

17. If a Continuing Application, check appropriate box and supply the requisite information:

/ / Continuation / / Divisional / / Continuation-in part (CIP) of prior application No. _____

CORRESPONDENCE ADDRESS

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Insert Customer No. or Attach bar code label here

Name Herbert B. Keil
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Basic Fee.....		\$ 355.00
Total Claims: <u>16</u> -20 = <u> </u> x \$ 9 /\$18	=	\$ <u> </u>
Indep. Claims: <u>1</u> -3 = <u> </u> x \$40/\$80	=	\$ <u> </u>
 [] Multiple Dependent Claim(s) presented:\$135/270	=	\$ <u> </u>
[] Non-English specification fee: \$130	=	\$ <u> </u>
[X] A check is enclosed for the filing fee.	=	\$ 355.00

☒ A check for \$ 355.00 for the filing fee.

Respectfully submitted,
KEIL & WEINKAUF

1/BKail

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